

EXHIBIT "C"



Delphi Natl Benefits Cntr
Karen Shed
PO Box 14673

Lexington KY 40512

Group Number 16160-001 Due Date 07/30/2009
Bill date 07/16/2009

Additional groups covered on invoice

Billing Description:	Amount:
Level Premium Agreement - Recoupment	
Contract date from: 01/01/2002 to 12/31/2008	\$411,318.50

In accordance with the provisions of your group contract, we are issuing an invoice for the amount due to Excellus BlueCross Blue Shield. Payment in the amount of: \$411,318.50

is due on the date listed above. This payment represents the difference between the premium rate that was billed and the premium rate filed with, and approved by the superintendent of insurance for the last contract year.

If you have any questions regarding this agreement, please contact
in our Sales and Marketing department, at:

For payments made via wire, please email: Cash.Reciepts@Excellus.com , for allocation instructions. This email will ensure your payment is applied properly.

If you are paying by check, please remit your payment to:

Excellus Blue Cross Blue Shield
Attention: Treasury Operations
165 Court St
Rochester, NY 14647

Please remit a copy of this invoice along with payment

Grand Total: \$411,318.50